



**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

ATTORNEY DOCKET NO. 100202925-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLUID EJECTION DEVICE WITH INSULATING FEATURE

the specification of which is attached hereto unless the following box is checked:

(X) was filed on 10/31/2003 as US Application No. or PCT International Application
Number 10/699,184 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: _____ NO: _____
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER	FILING DATE

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number 022879

Place Customer
Number Bar Code
Label here

Send Correspondence to: HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400 Fort Collins, Colorado 80527-2400	Direct Telephone Calls To: Dmitry Milikovskiy
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Noah C. Lassar Citizenship: US

Residence: 4654 Aragon Drive, San Diego, CA 92115

Post Office Address: Same as above

Inventor's Signature Noah C. Lassar Date 5/12/04

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)**

ATTORNEY DOCKET NO. 100202925-1

Full Name of joint inventor: Steven W. Steinfield Citizenship: US

Residence: 9606 Lynne Anne Lane, San Diego, CA 92129

Post Office Address: Same as above

Inventor's Signature _____ Date _____

Full Name of joint inventor: Joseph E. Scheffelin Citizenship: US

Residence: 13029 Pomad Way, Poway, CA 92064

Post Office Address: Same as above

Inventor's Signature _____ Date _____

Full Name of joint inventor: M. Jeffery Igelman Citizenship: US

Residence: 7420 NW Valley View Drive, Corvallis, OR 97330

Post Office Address: Same as above

Inventor's Signature _____ Date _____

Full Name of joint inventor: Frank J. Breti Citizenship: US

Residence: 6450 NW Kestrel Hill Lane, Corvallis, OR 97330

Post Office Address: Same as above

Inventor's Signature _____ Date _____

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Intellectual Property Administration
P.O. Box 272400
Fort Collins, Colorado 80527-2400

Direct Telephone Calls To:

Dmitry Milikovsky

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Full Name of Inventor: Noah C. Lassar Citizenship: USResidence: 4654 Aragon Drive, San Diego, CA 92115Post Office Address: Same as above

Inventor's Signature _____

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**DECLARATION AND POWER OF ATTORNEY
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Citizenship: US

Residence: 9606 Lynne Anne Lane, San Diego, CA 92129

Post Office Address: Same as above

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Date

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Citizenship: US

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Full Name of joint inventor: M. Jeffery Igelman

Citizenship: US

Residence: 7420 NW Valley View Drive, Corvallis, OR 97330

Post Office Address: Same as above

Inventor's Signature

Date

Full Name of joint inventor: Frank J. Breti

Citizenship: US

Residence: 6450 NW Kestrel Hill Lane, Corvallis, OR 97330

Post Office Address: Same as above

Inventor's Signature

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Citizenship: _____

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Full Name of joint inventor: _____

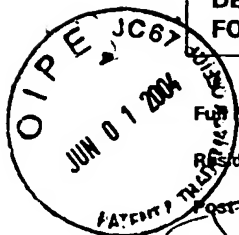
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Residence: 9606 Lynne Anne Lane, San Diego, CA 92129
Post Office Address: Same as above
Inventor's Signature _____ Date _____

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Residence: 13029 Pomad Way, Poway, CA 92064
Post Office Address: Same as above
Inventor's Signature _____ Date _____

Full Name of joint inventor: M. Jeffery Igelman Citizenship: US
Residence: 7420 NW Valley View Drive, Corvallis, OR 97330
Post Office Address: Same as above
Inventor's Signature M. Jeffery Igelman Date 3/22/04

Full Name of joint inventor: Frank J. Breti Citizenship: US
Residence: 6450 NW Kestrel Hill Lane, Corvallis, OR 97330
Post Office Address: Same as above
Inventor's Signature Frank J. Breti Date 3/23/2004

Full Name of joint inventor: _____ Citizenship: _____
Residence: _____
Post Office Address: _____
Inventor's Signature _____ Date _____

Full Name of joint inventor: _____ Citizenship: _____
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